

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16735  
Registrar's No. 4927

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5370 Pershing Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community abt 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Newman Schlanger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife A. Herman Schlanger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 6th 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Elijah Newman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Ricka Grunauer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Deffen  
(b) Address 275 Union Blvd

17. (a) Burial (b) Date thereof May 30, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Maye  
(b) Address 4356 Lindell Blvd

19. (a) MAY 29 1944 (b) J. F. Bremer  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford  
(c) City or town Pittsburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from March 1  
1944 to May 28, 1944  
that I last saw her alive on May 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct  
Chronic arteriosclerosis of aorta  
Coronary artery sclerosis  
Due to Chronic bacterial infection  
Staph. occ. chronic nephritis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury 0  
Signature James E. Bair (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand St Date signed 5/29/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert G. Loffe*  
2971

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**